now under process in the CPWD taking into account the latest techniques and materials. As and when new materials are needed for non-conventional items of work, these are incorporated even if they may not be in the specifications and schedule of rates. It is, however, important to note that CPWD have necessarily to be prudent in the use of new materials and technology as their works involve use of public funds and they have to function under resource constraint. As far as schedule of rates is concerned, this was issued in 1989 and has been updated by 16 correction slips.

Welfare of SCs/STs in Ambedkar Centenary Celebration

1675. SHRI KODIKKUNIL SURESH: Will the Minister of WELFARE be pleased to state:

(a) the amount sanctioned for the welfare programmes for SCs/STs during Ambedkar Centenary Celebration year 1990-91;

(b) whether the Government have released the total amount; and

(c) if not, the reasons therefor?

THE MINISTER OF WELFARE (SHRI SITARAM KESRI): (a) and (b) During financial year 1990-91, a total Budget provision of Rs. 575.51 crores (Plan: Rs. 572.70 crores and Non-Plan: 2.81 crores) was provided for the welfare of Scheduled Castes and Scheduled Tribes. As against this, an expenditure of Rs. 585.31 crores (Plan: 582.54 crores and Non-Plan: Rs. 2.77 crores) was incurred during 1990-91.

(c) Does not arise.

Net Reproductive Rate

1676. SHRI BHAGEY GOBARDHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the time-frame within which the Government intend to bring down the Net Reproductive Rate to one; and

(b) whether earlier target of achieving a NRR (net reproductive rate) of one by 1990 could not be achieved; if so. the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARADEVI SIDDHARTHA): (a) and (b) As per the National Health Policy, 1983, the goal of reaching the Net Reproduction Rate of Unity is to be achieved by the year 2000 A.D. A review, however, indicates that this goal may be reached only by 2006-2011 A.D.

High Incidence of Disease in Tribal Areas

1677. SHRI BHAGEY GOBARDHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any specific study made or survey conducted by the Government to identify the tribal areas having high incidence of Tuberculosis, Malaria, Leprosy, Goitre and Anaemia in the country;

(b) if so, the details therefor;

(c) the reasons behind increase in aforesaid diseases; and

(d) the remedial steps taken by the Union Government in this regard so far?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARADEVI SIDDHARTHA): (a) and (b) Studies undertaken by Indian Council of Medical Research, New Delhi, have shown that prevalence of Tuberculosis is not higher among tribal population.